



EMBASSY OF THE REPUBLIC OF THE MARSHALL ISLANDS
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**STATEMENT OF THE GOVERNMENT OF THE
REPUBLIC OF THE MARSHALL ISLANDS TO THE
SENATE ENERGY AND NATURAL RESOURCES COMMITTEE**

**SUBMITTED ON BEHALF OF H.E. PHILLIP MULLER
MINISTER OF FOREIGN AFFAIRS**

JUNE 26, 1996

Mr. Chairman, on behalf of President Amata Kabua, I would like to thank you for the invitation to appear before this esteemed committee today. President Kabua sends his warmest personal greetings, and asked me to convey how much he enjoyed visiting with both you and Senator Akaka during your recent trip to the Marshall Islands and the Pacific region.

At the outset, I would like to express my appreciation to the Department of Energy (DOE) and the Department of Interior (DOI) for having recently renewed their commitment to work constructively and cooperatively with my government in addressing issues arising from the U.S. nuclear weapons testing program. I would like to extend my personal gratitude to the two gentlemen representing DOE and DOI today, Dr. Paul Seligman, and Mr. Allen Stayman, for their dedication and hard work. The Government of the Republic of the Marshall Islands (RMI) is presently working with DOE and DOI to ensure that limited DOE funds for the RMI program are allocated as effectively as possible, and to identify non-monetary means for supplementing and strengthening the existing DOE program in the Marshall Islands.

I have the honor, Mr. Chairman, to present the comments of the RMI Government on S. 1804, a Bill To Make Technical and Other Changes to the Laws Dealing with the Territories and Freely Associated States of the United States. The RMI Government greatly appreciates this Committee's continued efforts to ensure that P.L. 99-239, implementing the Compact of Free Association, is administered in the most effective manner possible, and is amended, as necessary and appropriate, in the best interest of the exceptionally close, friendly relations prevailing between our countries. The RMI Government is especially grateful to this Committee for its willingness to address circumstances which were either not foreseen or not understood during Compact negotiations. I would now like to address some specific provisions of S. 1804.

EXTENSION OF AGRICULTURE AND FOOD PROGRAMS

The RMI Government appreciates and supports the Committee's recognition of the need to extend Compact-provided agriculture and food programs to the populations of Bikini and Enewetak atolls for an additional five years. This extension will provide these communities with essential support, while efforts are underway to restore their environments and to grow foods that are safe for human consumption. The food program should reflect changes in the population which have occurred since the time the Compact came into effect.

The RMI Government requests that the Committee provide for extension of the supplemental food programs to the communities of Rongelap and Utirik for an additional five years.

EXTENSION OF THE MEDICAL MONITORING AND CARE PROGRAM

The RMI Government appreciates the Committee's recognition of the medical needs of the Bikini and Enewetak populations arising from the U.S. nuclear weapons testing program. The RMI Government strongly supports the amendment to S. 1804 which proposes to include these atolls in the U.S. medical monitoring and care program. As you are aware, Mr. Chairman, the Bikinians are in need of medical care, both to provide them with assurance of their safety upon resettlement, and to address any increased health risks associated with their premature resettlement of Bikini Atoll from 1969 to 1978. The Enewetak people are in immediate need of medical monitoring and care, because a large portion of the Enewetak community has already resettled (the Enjebi Island population has not resettled). Both the Enewetakese, and the Bikinians who are planning their resettlement, must have assurances that the health of the resettled communities is not adversely affected by living on the atolls which were ground-zero during the U.S. nuclear weapons testing program.

While the RMI Government appreciates the Committee's recognition of the need to extend medical monitoring and care to the people of Bikini and Enewetak, my government does not believe this should be done on a reimbursable basis. The communities of Bikini and Enewetak are in need of medical assistance from the United States, because radiation was introduced to their environment by the U.S. nuclear weapons testing program. The people of Bikini and Enewetak should not pay the cost of addressing increased health risks attributable to radiation exposure resulting from the nuclear weapons testing program.

Although the Bikinians and Enewetakese need to be included in the U.S. medical care program, the RMI Government wishes to ensure that the eligibility of these two communities in no way diminishes the resources presently available to the two acutely exposed communities of Rongelap and Utirik. The RMI Government is concerned that DOE's operating budget for the RMI program is already too small. Presently, the DOE budget can only accommodate one doctor, and only a part-time basis, to work on the Marshall Islands program. Therefore, the inclusion of any additional communities should be reflected by a corresponding increase in financial resources for the medical program currently provided by the U.S. Government.

The RMI Government requests that medical care be extended to populations suffering from radiogenic illnesses, but currently remaining outside the purview of the U.S. program. For example, many Marshallese workers, who were sent to Enewetak and Bikini for various lengths of time, in order to assist with cleanup and resettlement projects, have illnesses similar to those of the populations which the U.S. Government currently defines as "exposed". Because the basis for inclusion in the current U.S. health care program is determined by atoll of residence/birth, these workers, despite the exposure they received from the ground-zero atolls, are not eligible to participate. Similar to those workers, the people of Ailuk, Likiep, Wotho, and other mid-range atolls were exposed to radiation from the Bravo Shot, as well as from other nuclear weapons detonations in the Marshall Islands. The fact that the Nuclear Claims Tribunal has recorded 555 radiogenic illnesses in people from atolls other than Rongelap, Utirik, Bikini, and Enewetak, is evidence that radiation exposure has adversely affected the health of people throughout the Marshall Islands.

The Final Report of the Advisory Committee on Human Radiation Experiments, which has been endorsed by the Clinton Administration, recommends that the U.S. Government consider adding to its medical program populations to the south and east of the four atolls the populations of which received radiation exposure. This supports the RMI Government request that the medical needs of communities which are currently outside the purview of the US medical program be at last included. Strengthening the financial and human resources available to the Section 177 health care program is one means of providing assistance to these populations.

SEPARATION OF THE COLLEGE OF MICRONESIA LAND GRANT

The RMI Government appreciates and endorses the Committee's proposed amendment to Public Law 96-374. This amendment would allow the branches of the College of Micronesia system, the colleges in the Marshall Islands, the Federated States of Micronesia, and Palau, to operate their land grant programs in an independent, but closely coordinated manner. I am pleased to report, Mr. Chairman, that Marshallese students and communities are using the land grant program to improve techniques for producing local foods. In addition to mitigating the effects of erosion and sea level rise, local food crops are less expensive, and more nutritious than imported foods.

ADDITIONAL REQUESTS

The Government of the Marshall Islands has additional requests it would like the Committee to consider. They are presented in order of priority. Each of these

requests is directly linked to the ultimate goal of the Compact of Free Association, namely, transition of the Marshall Islands from dependence to self-reliance.

1) ADDITIONAL FUNDS FOR THE NUCLEAR CLAIMS TRIBUNAL

Mr. Chairman, I would like to report to you briefly on the need for additional funds to pay compensation awards made by the Nuclear Claims Tribunal, an independent body established under the Section 177 Agreement, an instrument which is subsidiary to the Compact. The Tribunal's personal injury compensation program is based on solid, credible scientific and medical evidence. The methodology is consistent with that adopted by the United States in its Radiation Exposure Compensation Act of 1990 for the "Downwinders".

The Section 177 Agreement provides that \$45.75 million is to be made available over the original 15-year period of the Compact of Free Association for payment, on an annual, pro-rata basis, of monetary awards made by the Tribunal. Clearly, this is an arbitrary figure. When it was agreed upon thirteen years ago, in June 1983, there was no way of knowing the eventual extent of claims for personal injuries and property damage.

Now, however, my Government can report to you that, as of the end of March, 1996, the Tribunal had awarded a total of nearly \$46 million for personal injuries, alone. This is approximately a quarter of a million dollars more than will be available under prevailing provisions of the 177 Agreement.

I would like to submit to the Committee today, along with my testimony, the Report on the Status of Tribunal Claims Funds, which reports on compensation awards since the Tribunal began its work in 1991. The Tribunal has averaged payments of \$835,813 in new personal injury awards every month. These awards have been made for various medical conditions, such as several types of thyroid disease, most leukemias, and a number of cancers, all of which have been shown by credible scientific and medical research to be radiogenic.

Radiogenic medical conditions continue to arise in the Marshall Islands, and our citizens continue to suffer and die from them. Because only a very finite number of exposed Marshallese have been provided medical care over the years, we have no way of knowing how many people died of undiagnosed radiogenic conditions since the nuclear weapons testing program began fifty years ago. We know, however, that since the number of cancers that have been diagnosed is so great, it is manifestly clear that the compensation provided under the 177 Agreement is grossly inadequate.

As a result of inadequate funding, many of those people unfortunate enough to have a compensable condition -- and I might add, only those people who have radiogenic illnesses on their medical records are eligible -- must wait many more years before they receive full payment of their award. Sadly, with the severely limited funds currently available to the Tribunal, many of these people will die without having been fully compensated.

I also wish to inform the Committee that, if new awards for personal injuries continue at the current rate, the Tribunal will have awarded over \$100 million by October 2001 for personal injuries, alone, with no provision for pending claims for

property damage. Thus, the \$45.75 million available for payment of awards represents less than one-half of the awards that can be anticipated to be made by the end of the original, 15-year Compact period. Clearly, this is not a result that was envisioned by our two governments' negotiators, when the 177 Agreement and the Compact were signed.

The RMI Government believes that the people whose health or property has been adversely affected as a direct result of the U.S. nuclear weapons testing program are entitled to receive full payment of their compensation awards within the original 15-year period of the Compact. To that end, my government requests that this Committee provide for adequate, supplemental funding to the Tribunal.

2) **ADDITIONAL RESOURCES FOR THE 177 HEALTH CARE PROGRAM**

As stipulated in the Compact of Free Association, the 177 Health Care Program receives a \$2 million annual appropriation to provide health care to four atolls, and to patients throughout the country who suffer from radiogenic illnesses. This program is presently under the outstanding administration of Mercy International, a U.S. contractor.

Due to the diminished purchasing power of the \$2 million annual appropriation, and the growing number of patients referred to the 177 program by DOE and the Nuclear Claims Tribunal, the program is presently spending only \$15 monthly per patient. When adjusted for a 10% inflation cost of medical care and delivery, the purchasing power of \$2 million in 1996 dollars is \$697,337. If a similar decrease in purchasing power continues until the end of the present Compact period, the 177 Health Care Program will have the equivalent of \$411,782

to spend annually. This decreased purchasing power, Mr. Chairman, is occurring in tandem with an increase in the detection of radiogenic illnesses throughout the Marshall Islands. As you can see, we are very much in need of additional funds.

The RMI Government would be pleased to work with the Departments of Energy and Interior to establish enrollment criteria for a strengthened 177 Health Care Program. It is our hope that these standards will provide the Congress with confidence in providing further for the medical care requirements of radiation victims in the Marshall Islands.

3) CONSTRUCTION OF A NEW HOSPITAL

The Preamble of the Section 177 Agreement recognizes "...the expressed desire of the Government of the Marshall Islands to create and maintain, in perpetuity, a means to address past, present and future consequences of the Nuclear Testing Program." Mr. Chairman, the RMI Government appreciates the medical care that has been provided to radiation victims in the Marshall Islands since 1954. We are concerned, however, that despite more than four decades of medical assistance from the U.S. Government, the RMI Government lacks the institutional, human, and financial resources necessary to care for radiation-related illnesses of its own people.

Because the Marshall Islands lacks the facilities and the hospital staff to provide for the radiation victims, the Department of Energy, the 177 health care program, and the RMI public health care system are forced to refer patients to Honolulu for treatment. The cost of these medical referrals is extremely high, and

the local health care infrastructure is undermined by the referral of patients to Honolulu facilities. Therefore, it is in the interest of both governments that the RMI have the domestic capability to provide properly for the care and diagnosis of Marshallese radiation victims. We need to construct adequate medical facilities and to train Marshallese students in radiation medicine and health, hospital administration, records keeping, and radiation science.

The first step, Mr. Chairman, is to replace the hospital in our capital, Majuro. The existing facility, which can hardly be called a hospital, is in horribly delapidated condition. Island environmental conditions and inadequate funding for maintenance have aged the structure beyond its useful life. The cost of renovation would be very high, approximately \$3 million, and the cost of future maintenance will be excessive. A new facility, built with modern materials that are far more resistant to the corrosive island environment, would be much less expensive to maintain. In addition, a modern facility would allow a more adequate level of care and would be better designed to meet the needs of a population that has grown and changed over the years and will continue to do so as time goes on.. Consequently, we believe that a new facility would be more cost-effective than renovation and continued maintenance of the old building.

The RMI Government estimates that it will cost approximately \$10 million to replace the Majuro Hospital, and an additional \$1.7 million annually to effectively operate both the new Majuro Hospital and the Ebeye Hospital (the latter is under construction, at present, with funding from the Department of Interior). The RMI Government attaches a high priority to this most basic of requirements, the provision of a suitable facility for the medical care of our people. We hope you

agree that, in view of the enormous demands for medical care due to radiogenic illnesses, the United States should provide the funding that is required.

4) **ADDITIONAL PUBLIC HEALTH SERVICE DOCTORS**

Mr. Chairman, we appreciate your May 23, 1996 comments in the Congressional Record. In particular, I refer to your remarks indicating your intention "...to examine what role the Public Health Service can play in improving health care not only to the four atolls, but throughout the Republic of the Marshall Islands..." (Page S5576).

The RMI Government is grateful for your recognition of our extreme health care needs. Indeed, as you see, the vast majority of this statement is devoted to the state of health care delivery in the Marshall Islands. In addition to the need for facilities, which I mentioned earlier, the RMI is in extreme need of doctors. Public Health Service doctors, who have worked in the Majuro Hospital, have provided high quality care in the most cost-effective manner possible. The RMI Government would like to request this Committee to direct the Public Health Service to provide additional doctors to the Marshall Islands. The administrators of the 177 Health Care Program indicated that they could use three doctors immediately. The money saved by utilizing Public Health Service doctors in the 177 program would free up more money for health care delivery to the four atolls and for referrals. Additionally, the RMI Government would like to request Public Health Service doctors, who could reside in the outer islands to provide community-level care. Atolls in the middle of the Marshall Islands, which were exposed to radiation, but have never been eligible for U.S. medical care, are in great need of it.

5) FURTHER PAYMENT \$20 MILLION COMPENSATION

Section 111 of the Compact provides that the United States shall pay up to \$20 million to the RMI Government as a compensatory adjustment for adverse impacts on the finances and economy of the country, as a result of failure by the United States to implement concessions to which it had agreed during the negotiation of the Compact. The RMI has fully demonstrated in a detailed report that the damage to which section 111 applies has far exceeded \$20 million. Yet, only \$2 million has been appropriated, as a "downpayment", pursuant to that section. The RMI requests that the Committee confirm, in S. 1804, that the balance of \$18 million is authorized for payment, and that the Committee make every effort to ensure that the full amount is appropriated as soon as possible.

6) INDEPENDENT REVIEW OF THE US MEDICAL PROGRAM

The White House Advisory Committee on Human Radiation Experiments was overwhelmed by the sheer volume of documents, including medical records and reports, pertaining to the Marshall Islands, as well as by the complexity of radiation issues, which the U.S. and the RMI are collectively addressing. It was impossible for the Advisory Committee to review all of the information pertaining to the U.S. nuclear weapons testing program in the Marshall Islands. Therefore, the Advisory Committee included in its recommendations the need for an independent review of the U.S. medical monitoring and care program.

The RMI Government requests that the Committee authorize and direct a complete review of all medical records, documents, and reports pertaining to the nuclear weapons testing program conducted in the Marshall Islands and its aftermath. The RMI Government requests that the National Academy of Science (NAS) serve in this respect.

The Office of Territorial and Insular Affairs at the Department of Interior has supported all of the recommendations of the Advisory Committee, as well as the desire of the RMI to use the NAS for the independent review. In order to reach the ultimate goal of self-reliance espoused in the Compact of Free Association, the RMI Government must have a complete understanding of the extent of the health and environmental problems it will inherit. In order to do so, a review of the entire medical and environmental program from its inception until the present is required.

7) MANDATORY BUDGET ITEM FOR THE DOE PROGRAM IN THE RMI

Because of the unique obligation to the radiation communities, the RMI Government requests that funding for the DOE program in the RMI become a mandatory, rather than a discretionary, budget item. The RMI Government requests that this Committee include the DOE program for the RMI in the Section 221 payments of the Compact, along with funding for programs such as the U.S. Weather Service and the U.S. Federal Aviation Administration. By placing the DOE/RMI program in a mandatory budget category, Congress will ensure that the radiation communities receive medical care for as long as the affected populations live. Protection of this unique program is consistent with the recommendation of

the White House Advisory Committee on Human Radiation Experiments, which called for the continued medical care of these populations for the rest of their lives.

8) **MONITORING OF THE RUNIT RADIOACTIVE WASTE DOME**

The resettled portion of the Enewetak community lives adjacent to Runit Dome. The dome, which was originally created by the Defense Nuclear Agency, contains plutonium and other radionuclides from the U.S. nuclear weapons testing program. Understandably, the resettled population of Enewetak is concerned about this situation. At present, the Dome remains unmonitored by the U.S. Government. The people who are resettled adjacent to the dome must have the continual assurances of the U.S. Government, however, that the structure it built to store radioactive materials does not pose a threat to health and the environment. While the RMI Government requests that this Committee provide for the short- and long-term monitoring of this structure, the RMI Government does not believe that the Department of Energy should take funds from its budget in order to finance the monitoring, but that these funds should be provided from another source.

9) **RESTORED ELIGIBILITY FOR US DEPARTMENT OF EDUCATION TITLE III PROGRAMS**

The RMI Government requests restored eligibility for the Title III Programs of the U.S. Department of Education. The planning grant, institutional strengthening grant, and the challenge grant, which comprise the Title III programs, would significantly assist the RMI's sole institution of

higher education, the College of the Marshall Islands. These grants would be used by the College to expand a successful pilot project to a larger student body.

The pilot project is an immersion program which helps provide Marshallese students with the skills they need to further their education in four-year colleges. The RMI Government deems preparation for four-year colleges especially important, in light of our desire to train Marshallese in medicine and radiation sciences.

10) **EXTENSION OF THE USIA FULBRIGHT PROGRAM**

The Marshall Islands has enjoyed hosting recipients of the USIA Fulbright Program in the past. Unfortunately, the Fulbright Program no longer accepts applications for research in the Marshall Islands. The RMI Government would like to request the renewed participation of the Marshall Islands in this program.

OTHER IMPORTANT MATTERS

In addition to commenting on the existing provisions of S. 1804, and presenting the specific requests of the RMI Government enumerated above, the RMI Government continues to look to this Committee, and the U.S. Congress and Administration, to assist with several on-going initiatives. Examples of these initiatives, which require particular attention, include Rongelap resettlement, the USDA food program as applied to Rongelap, and the clean-up of Bikini Atoll.

Section I of the bill would extend USDA food programs for Bikini and Enewetak under Section 103(h) of the Compact of Free Association Act. It also is critical that the current USDA program for Rongelap not be interrupted. The issue of Rongelap's nutritional support due to dislocation was not specifically addressed in section 103(h), but USDA support for that distressed community was provided as authorized because of Rongelap's needs related to the nuclear testing program. Particularly during the period when the Rongelap people remain dislocated, and in support of the community during preparation and mobilization for resettlement, continuation of the current USDA program is imperative. We request that the Committee confirm with USDA the continuation of this lifeline of survival for Rongelap under existing authority, in which case no further legislative measures would be required.

The second issue is extremely important for Rongelap, and concerns fulfillment of the government-to-government obligations and commitments regarding Rongelap resettlement embodied in section 103(i) of the Compact of Free Association Act. This Committee's Members and staff played a decisive role in creating the statutory framework -- in the Department of the Interior FY 1996 appropriation -- for an agreement with Rongelap that would bring the section 103(i) process to a successful conclusion, including fulfillment of the commitments made in the 1992 MOU between our governments on Rongelap resettlement.

Congress authorized the establishment of the Rongelap Resettlement Trust Fund under P.L. 102-154, and in 1995 the RMI and U.S. agreed to amend the trust fund agreement in preparation for precisely the kind of settlement Congress now has authorized. Now that funding has been made available all that remains to be done is for Rongelap and the Department of the Interior to agree on the terms of a

resettlement agreement, as contemplated by Congress in Section 118 of the FY 1996 appropriations act as it relates to relates to DOI.

To avoid any further delay in concluding an agreement and carrying out a resettlement program for Rongelap as contemplated by section 103(i), the 1992 MOU, P.L. 102-154, and the 1995 trust fund amendments, it may become necessary for Congress to prescribe how certain elements of the Rongelap resettlement program will be administered, so that the Department of the Interior and Rongelap are not required to negotiate a final resettlement agreement without clear guidance from Congress. The specific Congressional determinations which we may propose in this regard, if any, will be submitted to the Committee as a separate request.

Thank you for this opportunity to present the views of the Government of the Marshall Islands.

STATEMENT OF SENATOR HENCHI BALOS
PEOPLE OF BIKINI
BEFORE THE SENATE ENERGY AND
NATURAL RESOURCES COMMITTEE
June 26, 1996

Mr. Chairman: I bring greetings to you on behalf of Mayor Juda, the Kili/Bikini/Ejit Local Government Council and all the people of Bikini Atoll. Our people will long remember the trip you and Senator Akaka made to Bikini in February to see first-hand the progress we are making on radiological cleanup, resettlement and economic development at Bikini Atoll.

We are here today to follow up with you on two of the most important issues we discussed on your visit to Bikini. One is the continuation and extension of the U.S.D.A. food program for Bikini, which was part of the Compact of Association. Unless extended, this program will expire on September 30 of this year. Between the on-going needs of our people on Kili, which cannot produce the amount of food we need, and the return to Bikini, we hope your Committee will support this proposal.

The second issue is the inclusion of the people of Bikini in the four-atoll health care program, a bill passed by Congress more than fifteen years ago, but which has never been implemented in a meaningful way to assist the people of Bikini.

Next Monday, July 1, will mark the 50th anniversary of the first atomic tests at Bikini Atoll. I do not think anyone in the U.S. government could have imagined 50 years ago that the Bikini people would still be exiles from their homeland more than half a century later, but that is the sad fact we face today. We hope that a cleanup of Bikini will begin soon so that one day we can return home to our own islands without having to ask the U.S. government for assistance. Until then, we hope that you will honor the U.S. government's commitments to the people of Bikini.

I would now like Jonathan Weisgall, who has represented the people of Bikini for more than 21 years, to explain some of the background on these two issues and answer any questions you may have.

Thank you.